

New 2004 survey results



partners in quality

The Colorado Business Group on Health is a non-profit coalition representing large purchasers of one of your most important benefits — health care services. By working together, we can assure that consumers have the best possible information on health care quality. The CBGH and Colorado health plans have been working on the "big picture" of health care quality since 1996.

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Cenveo
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Physician Health Partners
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For more information, contact Colorado Business Group on Health at 303-922-0939 or www.coloradoHEALTHonline.org

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What is quality health care?

Quality health care is more than just having a health plan or a certain provider or a particular treatment, and it's more than a matter of cost. Quality means getting what will benefit you most – balancing risks, costs, and quality of life.

Six important criteria:

It's effective — the right kind of care for your health condition, based on up-to-date scientific knowledge about what works best.

It's efficient — not wasting time and effort, and using precious resources wisely.

It's safe — delivered without error and avoidable harmful results.

It's timely — getting the most effective care without delays.

It's focused on the individual — provided in a manner respecting a person's individual characteristics, needs and concerns.

It's equitable — delivered without discrimination based on personal characteristics like income, ethnicity, culture, or beliefs.

Who impacts the quality of my health care?

The quality of your health care results from important roles and relationships in the health care system.

You

- Take responsibility for making healthy lifestyle choices.
- Make informed decisions about prevention and treatment options.
- Manage your health conditions and health risks.

Providers (physicians, nurses, and other care givers)

- Offer the latest scientific information about staying healthy and managing health conditions.
- Help you make the most appropriate decisions for your health.
- Safely deliver services.
- Treat you and all patients with respect and sensitivity.

Organizations (hospitals, health insurance companies, large physician groups)

- Implement policies, procedures, and programs to promote quality.
- Monitor quality of providers and services, and customer satisfaction.

Government and independent quality review authorities

- Set standards.
- Monitor providers and health care organizations.
- Measure and compare quality performance.

How is quality measured?

Important aspects of quality health care are measured in different ways. Health Matters gives you reliable current information to help answer your questions and help make your decisions.

Do health care organizations make special efforts to promote the highest quality care?

- See how different types of insurance plans enhance your quality of medical care.
- See which hospitals are implementing best safety practices.

How satisfied are the health plan members?

- See how consumers like you rate the HMO/POS plans in a satisfaction survey.

Do plan members receive the best services for common conditions and preventive health care?

- See how often the members in specific health plans get effective and timely health care.

What is HMO accreditation?

A rigorous, in-depth evaluation of the plan by a team of physicians and quality experts. Many large companies, such as General Motors and IBM require their HMO health plans to be accredited by the National Committee for Quality Assurance (NCQA).

Why should I care? The value to you is that NCQA accredited plans must show that the plan improves the health of enrollees by their quality programs and performance scores.

Who accredits health plans? The National Committee for Quality Assurance is an independent, nonprofit organization whose mission is to assess and report health plan quality.

NCQA Accreditation Status of Colorado Health Plans As of August, 2004.

For more information, visit the NCQA website at www.ncqa.org

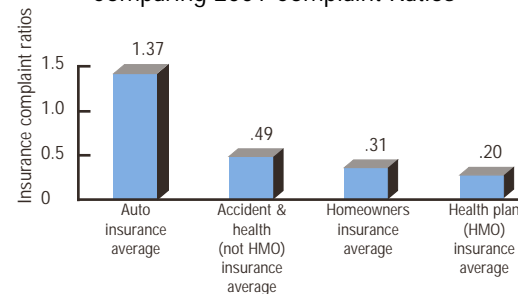
Plan	Current Status	Accreditation History
Kaiser Permanente	Excellent	Continuous accreditation 4/1995 to 2/2007 Next review 11/2006

Health plans, hospitals, and physician groups may also be accredited by other organizations including the Joint Commission on Accreditation of Healthcare Organizations and URAC.

For more information: www.ncqa.org, www.jcaho.org and www.urac.org

What about health care complaints?

Comparing 2001 Complaint Ratios



This chart shows how many complaints there were about an insurance plan in relation to how much the company collected in premiums. A complaint ratio of 1.37, for example, means that the plan had approximately 1.37 complaints per million dollars charged in premiums.

Keep in mind, that **no judgment is made as to whether the complaint is justified.**

The Division cautions that small differences in complaint ratios are not very significant.

Source: Colorado Division of Insurance as of August, 2003. www.dora.state.co.us/Insurance

What are the different types of plans?

It is important to understand what you want or need and how your choice of options affect doctors, hospitals, benefits, services and costs.

How different health plans work.

	HMO Health Maintenance Organizations	POS Point of Service option within an HMO	PPO Preferred Provider Organizations	Indemnity Insurance
Features of Plans				
■ Choice of Physician: <ul style="list-style-type: none"> • <i>In Network</i> • <i>Out of Network</i> 	HMO network doctor. <i>Any doctor.</i>	POS network doctor. <i>Any doctor.</i>	PPO network doctor. <i>Any doctor.</i>	No network and any doctor. <i>No network and any doctor.</i>
■ Benefits: <ul style="list-style-type: none"> • <i>In Network</i> • <i>Out of Network</i> 	All contract benefits. <i>No benefits, except emergency care.</i>	All contract benefits. <i>Some benefits may not be covered.</i>	All contract benefits. <i>Some benefits may not be covered.</i>	All contract benefits. <i>All contract benefits.</i>
■ Cost: <ul style="list-style-type: none"> • <i>In Network</i> • <i>Out of Network</i> 	Copayment. <i>Full cost.</i>	Copayment. <i>Deductible and coinsurance.</i>	Copayment and/or coinsurance. <i>Deductible & higher coinsurance.</i>	Deductible and coinsurance. <i>Deductible and coinsurance.</i>
■ Your cost: <ul style="list-style-type: none"> • <i>Premiums</i> • <i>and "out-of-pocket"</i> 	\$\$ \$ - \$\$	\$\$ \$ - \$\$	\$\$ \$ - \$\$\$	\$\$\$ \$ - \$\$\$
■ Claims and Paperwork	HMO: member does not file claims.	In network: member does not file claims. <i>Out of network: member files claims.</i>	In network: member does not file claims. <i>Out of network: member files claims.</i>	Member files claims.
■ Preventive care benefits: (example, cancer screening or infant immunizations)	✓✓✓✓	✓✓✓✓	✓✓	✓
■ Expanded services to manage health conditions:				
• Case management	✓✓✓✓	✓✓✓	✓✓	✓
• Disease management	✓✓✓✓	✓✓✓	✓✓	✓
• Wellness programs/education	✓✓✓✓	✓✓✓	✓✓	✓
■ Plan measures, reports and improves quality				
• Plan is accredited by an external organization (NCQA*)	✓✓✓	✓✓✓	✓✓	✓
• Plan reports HEDIS® measures** to show quality of healthcare	✓✓✓	✓✓✓	✓	✓
• Plan surveys members for satisfaction with care	✓✓✓	✓✓✓	✓✓	✓
• Plan works with physicians to measure and improve care	✓✓✓✓	✓✓✓	✓✓	✓

Health plan NETWORK.

Health plans assemble a **NETWORK** of qualified health care providers, including physicians and hospitals, to serve members.

A health plan also:

- negotiates lower rates with network providers
- checks providers' credentials to make sure they meet plan standards
- contracts with providers who agree to participate in quality improvement activities.

Use "IN NETWORK" providers to get the most benefit from your plan, as you will likely be responsible for a greater share of the bill if you use out-of-network providers.

PAYING for healthcare.

Premium: This is the amount paid each month for your health insurance. Sometimes your employer pays a portion of the premium, and you pay the rest.

Besides your monthly premium, you may pay other, "out of pocket" expenses:

Coinsurance: You will pay a percentage of the cost of covered services. The most common coinsurance involves the insurance covering 80 percent of the cost and 20 percent would be your "out of pocket" responsibility.

Copayment: or "Copay". You will pay a specified flat amount per unit of service or unit of time (e.g., \$20 per visit, \$100 per day), while the insurer pays the remaining costs. The amount paid by the covered individual does not vary with the cost of the service (unlike co-insurance, which is payment of some percentage of the cost).

Deductible: There are two common forms of deductibles:
(1) You will pay a certain dollar amount before the insurance plan will pay anything, or (2) you will pay your coinsurance or copayment amounts up to a certain amount, and then the insurance will pay costs after that.

NOTE: This chart contains generalizations; prices and benefits vary widely. For further information check your health plan materials or with the Colorado Division of Insurance at www.dora.state.co.us/insurance/

KEY:

- ✓ no, or very rarely
- ✓✓ may be offered, often at an additional cost
- ✓✓✓ usually offered
- ✓✓✓✓ offered as part of the plan
- *NCQA National Committee for Quality Assurance (see page 2)
- **HEDIS® Health Plan Employer Data Information Set is a selection of measures on effectiveness of health care assessed by NCQA.

Making choices

Decision Worksheet

What plan
is best
for me?

Build on your
expectations

and use
information from

Health Matters,
your employer,
the health plans,
and other resources

to decide about the
health plan that's
right for you and
your family.

Use this page as your
guide through these
steps toward your
health care decision!

- ✓ Set expectations
- ✓ Gather information
- ✓ Make a choice

Online information



Telephone information



Printed information



	HMO	POS	PPO
	<i>name of plan(s)</i>	<i>name of plan(s)</i>	<i>name of plan(s)</i>
Answer these questions!			
Make notes as you need to!			
Write down the names of plans you have to choose from in the appropriate column. ➤			
<input type="checkbox"/> Do I have a favorite physician or other provider? If no, skip this question. If yes, find out if they are in the network by: see physician or plan website. call plan or doctor's office	<i>Are they in the network?</i>	Yes or No	Yes or No
<input type="checkbox"/> Do I have a hospital that I prefer? If no, skip this question and the next question. If yes, find out if the hospital is in the network by: see hospital or health plan website. call health plan or doctor's office	<i>Is the hospital in the network?</i>	Yes or No	Yes or No
<input type="checkbox"/> Does the hospital I prefer participate in the Leapfrog initiative to improve safety? see www.leapfroggroup.org read <i>Health Matters</i> , page 11	<i>Does the hospital participate?</i>	Yes or No	Yes or No
<input type="checkbox"/> Are the benefits I need covered? Some plans do not cover or provide limited benefits for prescriptions, mental health treatment, hospice, medical equipment or preventive services. read employer or plan documents		Yes or No	Yes or No
<input type="checkbox"/> Does the plan have special services that I might need? Examples are special programs for asthma, diabetes or other conditions. read employer or plan documents. call health plan		Yes or No	Yes or No
<input type="checkbox"/> What premium cost will I have for the year? see rates filed for small businesses at www.dora.state.co.us/Insurance/mainmenu/htm read employer or plan documents	\$ _____/yr	\$ _____/yr	\$ _____/yr
<input type="checkbox"/> What out-of-pocket costs do I expect for next year? Consider: inpatient, outpatient hospital, pharmacy and physician costs. If you take prescription drugs, compare the coverage and cost of these drugs in different plans. Each plan has a preferred drug list (called a formulary), and the cost of the drug depends on your company or the health plan's benefit design. read employer or plan documents call health plan see health plan web site	coinsurance: \$ _____/yr copays: \$ _____/yr	coinsurance: \$ _____/yr copays: \$ _____/yr	deductible: \$ _____/yr coinsurance: \$ _____/yr copays: \$ _____/yr
<input type="checkbox"/> What is a "worse case" for out-of-pocket costs, such as a major accident, surgery or cancer? Consider inpatient, outpatient hospital, pharmacy and physician costs. read employer or plan documents	coinsurance: \$ _____/yr copays: \$ _____/yr	coinsurance: \$ _____/yr copays: \$ _____/yr	deductible: \$ _____/yr coinsurance: \$ _____/yr copays: \$ _____/yr
<input type="checkbox"/> Total expected costs for the year.	\$ _____/yr	\$ _____/yr	\$ _____/yr
<input type="checkbox"/> Total "worse case" costs for the year.	\$ _____/yr	\$ _____/yr	\$ _____/yr
Now, consider more about quality health care!			
<input type="checkbox"/> Do I need information about this health plan's complaint levels? read <i>Health Matters</i> , page 2. see www.dora.state.co.us/Insurance/mainmenu/htm	<i>complaint ratio is: _____</i>	<i>complaint ratio is: _____</i>	<i>complaint ratio is: _____</i>
<input type="checkbox"/> Does this kind of plan make efforts to improve health care quality? See <i>Types of Plans</i> on page 3. read <i>Health Matters</i> , page 2,3, 5-9	<i>name of plan</i>	<i>name of plan</i>	<i>may be offered, often at additional cost, check with plan</i>
<input type="checkbox"/> Does the plan I am considering meet accreditation quality standards? read <i>Health Matters</i> , page 2. see www.ncqa.org , www.jcaho.org or www.urac.org . call health plan	<i>name of plan</i>	<i>name of plan</i>	<i>not common., call the plan directly</i>
<input type="checkbox"/> How does the plan I am considering rank on customer satisfaction? read <i>Health Matters</i> , page 9. see www.ncqa.org	<i>name of plan</i>	<i>name of plan</i>	<i>no data for consumers to compare</i>
<input type="checkbox"/> How well does the health plan promote the best health care for my needs? Keeping me healthy with cancer screening and prenatal care. ➤ Managing mental health needs. ➤ The best care for chronic conditions. ➤	<i>name of plan</i>	<i>name of plan</i>	<i>no data for consumers to compare</i>
Make your choice!			
Consider the options, your preferences, and your costs.			
Which plan offers the most for you? ➤ _____			

NOTE: HMO and POS data are not reported separately.

Concerned about keeping healthy?

Consider how well plans promote quality health care and treat chronic conditions.

The information included here represents HMO and POS members, but does not include results for PPO, indemnity or Medicare members.

Mental Health

5 million
Americans
with mental
illness

There are an estimated five million adults in America with severe mental illness, and about 1.9 million are hospitalized each year. Four of the 10 leading causes of disability are due to mental health disorders. Major depression affects 19 million Americans each year, although 80% can be treated quickly and effectively with medication and counseling. It is a leading cause of decreased productivity, and lost work days from absenteeism and disability at an annual cost of \$44 billion.

Women & Children's Health

Breast cancer screening

Why is it important to me?

Breast cancer is the second most common type of cancer among American women. Early detection results in more treatment options and much greater chances of survival. Mammography along with clinical breast examinations can reduce death from breast cancer by 20 to 40 percent in women over age 50. If all U.S. women over 40 received mammograms every two years, an additional 10,000 cases of cancer would be found in an earlier, more treatable stage. The American Cancer Society estimates there are 216,000 new cases and 40,110 deaths from breast cancer each year.

Healthy People 2010 Goal—60% for women ages 52 to 64	
Kaiser Permanente	77%
NCQA Benchmark	83%

Cervical cancer screening

Why is it important to me?

Cervical cancer can be detected by a simple test called a Pap test. Since doctors started using the Pap test, deaths from cervical cancer have been reduced by more than 80%. About 6,800 cases of cervical cancer could be detected at an earlier stage if all U.S. women received screening. The American Cancer Society estimates there are 10,500 new cases and 3,900 deaths from cervical cancer each year.

Healthy People 2010 Goal — 85%	
Kaiser Permanente	81%
NCQA Benchmark	87%

Timeliness of prenatal care

Why is it important to me?

Proper care provided by your doctor, beginning in early pregnancy, is the best preventive medicine for a healthy baby. It is important that the mother is living a healthy lifestyle, has a proper diet and is taking vitamins for best outcomes in birth weight and overall health of the baby. Colorado ranks higher than the national average for low birthweight babies. The chance of death for a low birthweight baby is

Healthy People 2010 Goal — 90%	
Kaiser Permanente	94%
NCQA Benchmark	95%

40 times higher in the first four months of life than for an average weight baby.

Infant immunization rate

Why is it important to me? Immunizations are one of the most important ways parents can protect their children against serious diseases. These diseases may be life threatening or cause permanent disability. Immunizations are extremely safe thanks to advancements in medical research and ongoing review by doctors, researchers, and public health officials. Children are far more likely to be harmed by serious infectious diseases than by immunizations. Although Colorado has only 1.6% of the US population, we had 4% of the hospitalizations from pertussis (whooping cough) in 2003, and 2 children died. According to a national survey by the Centers for Disease Control (CDC), Colorado ranked last among all 50 states in immunization rates.

Healthy People 2010 Goal — 90%	
Kaiser Permanente	85%
NCQA Benchmark	82%

for an average weight baby.

Follow-up after hospitalization for mental illness

Why is it important to me?

About 1.9 million Americans are hospitalized for mental illness each year. After a person is discharged from the hospital, they should have an outpatient visit with a mental health practitioner within 30 days. This helps the patient *return back to their home and work, and helps prevent further hospitalizations.*

Do members get timely follow-up care?	
Kaiser Permanente	88%
NCQA Benchmark	84%

Managing medication for depression - the first 12 weeks

Many patients with depression stop taking their medicines too soon. What percent of patients complete their first 12 weeks of treatment?

Do members get help early to get the right medication?	
Kaiser Permanente	74%
NCQA Benchmark	69%

Managing medication for depression - over 6 months

Many patients with depression stop taking their medicines too soon. What percent of patients complete a full six months of medication?

Do members stay on their medicine for a full course of treatment?	
Kaiser Permanente	60%
NCQA Benchmark	53%

Patients with depression: seeing health care providers often

What percent of patients have at least three outpatient visits during the first 12 weeks of treatment? These visits are important to make sure the medication is working.

Do members get timely follow-up care?	
Kaiser Permanente	20%
NCQA Benchmark	31%

Detect cancer early

Having healthy babies

Living With Diabetes

The number of people who have diabetes is rising in this country. About 17 million Americans have diabetes, and more than 2,000 persons are newly diagnosed each day. This disease causes high levels of sugar in the blood, and this problem causes damage to eyes, kidneys, blood vessels and the heart. On average, diabetics who control their blood sugar will live five years longer.

17 million
Americans
with
diabetes

Eye exams for people with diabetes

Why is it important to me?

Diabetes is the leading cause of blindness in people age 20 to 74. 12,000 to 24,000 new cases of blindness occur each year. A dilated retinal examination (not a "vision test") by an eye specialist can detect eye complications related to diabetes. With proper screening and treatment up to 90% of diabetes related blindness could be prevented.

Healthy People 2010 Goal—75%	
Kaiser Permanente	78%
NCQA Benchmark	68%

Urine tests for people with diabetes

Why is it important to me?

Diabetes is the leading cause of kidney failure. More than 130,000 people currently have kidney failure due to diabetes. A simple urine test detects *early damage to the kidneys, and treatment can be started to delay or prevent kidney failure. On average, persons with diabetes gain 6 years free from kidney disease if their blood sugar is controlled.*

Do members get screened?	
Kaiser Permanente	60%
NCQA Benchmark	69%

Blood tests for people with diabetes: cholesterol and other fats (lipids)

Why is it important to me?

Most people with diabetes also have high levels of LDL cholesterol ("the bad cholesterol"). LDL cholesterol deposits cause blockage inside blood vessel walls, leading to heart disease or stroke. *High levels of cholesterol can be lowered with diet and medication.*

Do members get screened?	
Kaiser Permanente	94%
NCQA Benchmark	92%

Blood tests for people with diabetes: HbA1c (blood sugar control)

Why is it important to me?

Persons with diabetes can monitor how well their blood sugar is being controlled over the past two months with a blood test that measures the Hemoglobin A1c or "HbA1c" value. The target is 7 or less. Dropping the test result from "8" to "7" can reduce your risk of eye and kidney damage 35%. *Good eating habits and a healthy diet can help improve blood sugar levels.*

Healthy People 2010 Goal—50%	
Kaiser Permanente	87%
NCQA Benchmark	91%

Heart Health

There are over 950,000 deaths each year due to heart disease. Heart disease is the number one killer of men and women in America. About one million new cases are identified each year.

13 million
Americans with
heart disease

Out of 17 million Americans with diabetes, 65% will die from heart disease or stroke.

Advice to quit smoking

Why is it important to me? Nearly 48 million Americans smoke. 70% of smokers report that they would like to quit. Smoking is the leading preventable cause of death in the U.S. It causes more than 400,000 deaths each year from heart disease, cancer and lung disease. People who smoke are 30% more likely to quit if their doctor advises it. About 50% of lifelong smokers will die from a smoking related illness and they will die 13.2 years (for men)

Healthy People 2010 Goal—reduce number of persons who smoke or use tobacco	
Kaiser Permanente	71%
NCQA Benchmark	75%

and 14.5 years (for women) sooner than people who do not

Beta blocker treatment after heart attack

Why is it important to me?

According to the American Heart Association, heart disease is the number one cause of death in America. Heart disease causes an average of one death every minute. Beta blockers are drugs that effectively reduce risks of a second heart attack and death. As many as 1,200 lives could be saved every year if patients who are good candidates for beta blockers after a heart attack receive

Do members get the medication they need?	
Kaiser Permanente	98%
NCQA Benchmark	100%

this medication when they leave the hospital.

Cholesterol screening after heart attack

Why is it important to me? Elevated cholesterol (the "bad" cholesterol, or LDL) is a major risk factor for heart disease. LDL cholesterol deposits block the flow of blood through blood vessels, which causes heart disease and stroke. Nearly 50 million people in this country have high cholesterol. About 40% of people with high cholesterol will eventually die from heart disease. Screening and control of LDL cholesterol can prevent heart attacks, and can help save

Do members get screened?	
Kaiser Permanente	95%
NCQA Benchmark	86%

lives. *High levels of cholesterol can be lowered with diet and medication.*

Can I trust this information about health plans?

Physicians and scientists develop the standards. All health plans must use the same standards. Only AUDITED information is reported here. Independent auditors verify the way that health plans collect and measure information.

Results are **Not reported** if they are not statistically significant due to insufficient sample size, unaudited data, or the data collection processes do not conform to published standards.

What plans are included in this report?

Most Colorado plans are reported here. The plans reporting results here provide leadership in bringing quality information to consumers.

What are NCQA Benchmark plan scores?

This score defines excellence. It is the 90th percentile score for all health plans in the country that report their information to NCQA (National Committee for Quality Assurance) as of January 2003.

What are Healthy People 2010 goals?

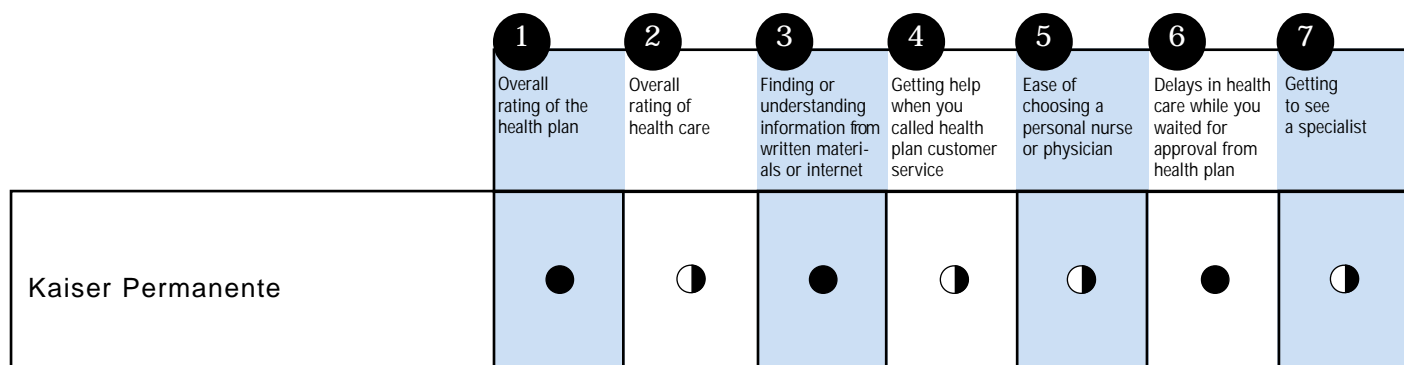
They are national goals for the year 2010 for many prevention efforts. These goals were created by a team of experts working with the Public Health Service in 1999.

<http://www.healthypeople.gov>

How satisfied are health plan members?

Satisfaction Surveys

Compare how other consumers rate services from their health plan.



This chart compares plan scores to the average of all plans.

- significantly higher than the average of participating Colorado health plans
- similar to the average of participating Colorado health plans
- significantly lower than the average of participating Colorado health plans

These bar charts give you another way of looking at the Satisfaction Survey information.

About the satisfaction survey:

The test of statistically significant differences in the satisfaction survey summary is based on comparison of selected categories to the average of the eight HMO plans. For questions 1 and 2, the responses in the "8, 9 and 10" category is used as the basis for comparison of significant difference. For questions 3 through 7 the comparison is to the "no problem" category. Row totals may not equal 100 due to rounding.

Can I trust this information?

- The survey is conducted by INDEPENDENT certified research firms. The research firms select the sample and compile the results.
- Over 5,000 Coloradans who were enrolled in their plan for at least one year were surveyed.



What about patient safety in hospitals?

THE LEAPFROG GROUP for Patient Safety proposes that hospitals take Four leaps which scientific evidence shows will reduce deaths and injury due to preventable medical mistakes.

Patient safety is one of the nation's most pressing health care challenges. Choosing the right hospital can make a big difference to your health.

To Err Is Human: Building a Safer Health System—the 1999 Institute of Medicine report—estimates that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of problems in patient safety. Every hour, 10 Americans die in a hospital due to avoidable errors; another 50 are disabled. For too many patients, the wrong medicines are given or the wrong tests are done.

The LEAPFROG GROUP is working to reward hospitals that make improvements in care. More than 150 public and private organizations representing over 34 million consumers belong to the LEAPFROG GROUP! The Colorado Business Group on Health joined in 2001. The LEAPFROG safety leaps are designed to change the system of health care, not to punish someone for accidents.

What should hospitals do?

Hospitals should report their efforts to the LEAPFROG GROUP.

Are most hospitals in the U.S. meeting these leaps?

Not yet. Nationwide 40% hospitals responded to LEAPFROG's survey. Many of those reporting are now working on these important initiatives.

Computerized medication order systems are instituted in 5% reporting hospitals and 16% indicated plans to do so by 2005.

Intensive care units staffed at least eight hours a day by critical care specialists are present in 24% of reporting hospitals.

Should every hospital report?

YES. LEAPFROG is building on the **Three Leaps** by adding the National Quality Forum's Safe Practices measures as the new **Leap Four**. These 27 new measures are especially designed for nearly all hospitals no matter what size or location.

What should I do?

- Choose the safest hospitals.
- Ask the following questions:
 - Do your doctors always use computer systems to order prescription medication?
 - Does the hospital have full-time doctors certified in critical care?
 - How many operations did the hospital perform last year?
 - Is the hospital working to create a culture of safety?

To see if your hospital reported to the LEAPFROG survey go to www.leapfroggroup.org/consumer_intro1.htm and select [View Survey Hospital Results](#) at the bottom of the web page. If it is, Bravo! Call and commend them for reporting. Preventable medical mistakes are a problem you can do something about. If it has not yet reported, call the hospital Director for Quality and ask when they will.



Rural Colorado hospitals reporting to the LEAPFROG GROUP as of July 31, 2004.

In 2004, the LEAPFROG Group adopted "Leap 4". The Colorado Business Group on Health asked 39 rural hospitals to complete this new survey. Of that group, six completed the survey that relates to 27 safe practices.

Colorado Business Group on Health congratulates these Rural Hospitals:

- ☆ Centura St. Thomas More Hospital (Canon City)
- ☆ Delta County Memorial Hospital (Delta)
- ☆ East Morgan County Hospital (Brush)
- ☆ Mercy Medical Center (Durango)
- ☆ Montrose Memorial (Montrose)
- ☆ Sterling Regional Medical Center (Sterling)

Urban Colorado hospitals that have not yet reported to the LEAPFROG GROUP as of July 31, 2004.

Hospital	Location	Reported by 7/31/2002?	Reported by 7/31/2003?	Reported by 7/31/2004?
Boulder Community Hospital	Boulder	no	no	no
Boulder Foothills Hospital	Boulder	no	no	no
St. Mary's Hospital & Medical Center	Grand Junction	no	no	no

Leap 1

An Rx for Rx.

Do your doctors always use computer systems to order prescription medication?

Researchers found that there are one million errors a year in medication administration in hospitals.

Serious errors could be reduced by up to 88% (i.e. 900,000) each year if hospitals were to implement computer systems for prescribing and administering medications.

Consider the similarity of the names of these medications:
Codeine used to treat moderate pain
Cardene used to treat high blood pressure

Leap 2

Sick people need special care.

Does the hospital have full-time doctors certified in critical care?

Physicians with special training in critical care medicine should manage hospital Intensive Care Units (ICUs).

Nearly 55,000 lives would be saved each year if patients are treated in ICUs that are staffed by physicians with special training.

Leap 3

Practice makes perfect.

How many operations did the hospital perform last year?

Patients should be able to choose hospitals and clinical teams that have better results on certain procedures. Your chances of getting better results depend on the experience of the hospital and the clinical team.

Over 11,000 lives would be saved in one year, researchers found, if patients went to hospitals that had highest volumes of the five selected procedures and treatments.

Leap 4

A culture based on safety.

Is concern for patient safety evident in all hospital services, procedures, and policies?

Adequate staffing, clear and uniform documentation, prevention practices, management of medications, and infection control are basic foundations of care that highly impact the outcomes of any hospital stay.

This score is a summary of 27 safety practices. Each individually can improve health care outcomes.

Colorado Hospitals reporting to LEAPFROG

	Computerized Physician Order Entry	Intensive Care Unit Physician Staffing	Abdominal Aortic Aneurysm Repair ¹	Coronary Artery Bypass Graft ¹	Esophagectomy ¹	High Risk Deliveries NCU ¹	Pancreatic Resection ¹	Percutaneous Coronary Intervention ¹	LEAPFROG Quality Index
Centura Health—Arista Adventist Hospital	●	●	●	NA	NA	●	NA	NA	●
Centura Health—Littleton Adventist Hospital	●	●	●	NA	NA	●	NA	●	●
Centura Health—Parker Adventist Hospital	●	●	●	NA	NA	●	NA	●	●
Centura Health—Penrose St. Francis Health System	●	●	●	●	●	●	●	●	●
Centura Health—Porter Adventist Hospital	●	●	●	●	●	●	●	●	●
Centura Health—St. Anthony Central Hospital	●	●	●	●	●	●	●	●	●
Centura Health—St. Anthony North Hospital	●	●	●	●	●	●	●	●	●
Centura Health—St. Mary Corwin Medical Center	●	●	●	NA	●	●	●	●	●
Children's Hospital	●	●	●	NA	●	●	●	●	●
Community Hospital	●	●	●	NA	●	●	●	●	●
Delta County Hospital	●	●	●	NT	NT	NT	NT	NT	●
Denver County Memorial Hospital	●	●	●	NA	NA	NA	NA	NA	●
Denver Health Medical Center	●	●	●	NA	NA	NA	NA	NA	●
East Morgan County Hospital	●	●	●	NT	NT	NT	NT	NT	●
Exempla – Lutheran Medical Center	●	●	●	NA	●	●	●	NA	●
Denver	●	●	●	NT	NT	NT	NT	NT	●
Brush	●	NA	●	NT	NT	NT	NT	NT	●
Wheat Ridge	●	●	●	●	●	●	●	●	●

more hospitals ➡

- The information is compiled from the answers hospitals provided. The LEAPFROG GROUP does not independently verify the accuracy of the information.

COLORADO BUSINESS GROUP ON HEALTH PARTNERS IN QUALITY—2004 STATE OF COLORADO

Five Steps to Safer Health Care.

1. Ask questions if you have doubts or concerns.

Ask questions and make sure you understand the answers. Choose a doctor you feel comfortable talking to. Take a relative or friend with you to help you ask questions and understand the answers.

2. Keep and bring a list of ALL the medicines you take.

Give your doctor and pharmacist a list of all the medicines that you take, including non-prescription medicines. Tell them about any drug allergies you have. Ask about side effects and what to avoid while taking the medicine. Read the label when you get your medicine, including all warnings. Make sure your medicine is what the doctor ordered and know how to use it. Ask the pharmacist about your medicine if it looks different than you expected.

3. Get the results of any test or procedure.

Ask when and how you will get the results of tests or procedures. Don't assume the results are fine if you do not get them when expected, be it in person, by phone, or by mail. Call your doctor and ask for your results. Ask what the results mean for your care.

4. Talk to your doctor about which hospital is best for your health needs.

Ask your doctor about which hospital has the best care and results for your condition if you have more than one hospital to choose from. Be sure you understand the instructions you get about follow-up care when you leave the hospital.

5. Make sure you understand what will happen if you need surgery.

Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation. Ask your doctor, "Who will manage my care when I am in the hospital?" Ask your surgeon:

- Exactly what will you be doing?
- About how long will it take?
- What will happen after the surgery?
- How can I expect to feel during recovery?

Tell the surgeon, anesthesiologist, and nurses about any allergies, bad reaction to anesthesia, and any medications you are taking.

Source: Five Steps to Safer Health Care. Patient Fact Sheet. July 2003.
<http://www.ahrq.gov/consumer/5steps.htm>

Consider other sources of information.

- Check the materials your employer provides.
- Call the health plan for more information. Does the plan offer providers you want, coverage levels you need, offer special programs (like disease management, smoking cessation), address your special needs like language, accessibility and location?

Visit websites of health plans that are interested in quality to learn about features and programs they offer.

Aetna Inc. www.aetna.com
CIGNA HealthCare of Colorado www.cigna.com
Denver Health Medical Plan www.denverhealth.org/DhMedicalPlan
HMO Colorado www.anthem.com
Kaiser Permanente HMO www.kaiserpermanente.org
PacifiCare of Colorado www.pacificare.com
Rocky Mountain Health Plans www.rmhp.org
UnitedHealthcare www.unitedhealthcare.com

More quality, patient safety and medical errors information:

- **Agency for Healthcare Research and Quality**
This federal agency publishes important studies about quality and safety.
<http://www.ahrq.gov>
- **Colorado Business Group on Health**
Your Colorado resource on health care quality.
<http://www.coloradoHEALTHonline.org>
- **Colorado Clinical Guideline Collaborative**
Colorado's resource for "best-practice" guidelines for physicians and patients.
<http://www.coloradoguidelines.org>
- **The Colorado Division of Insurance**
Publishes premium costs for small businesses, consumer information and complaints.
<http://www.dora.state.co.us/Insurance>
- **Institute of Medicine**
To Err Is Human: Building a Safer Health System
Crossing the Quality Chasm (located on 2000 Reports page.)
<http://www.iom.edu>
- **Joint Commission on Accreditation of Healthcare Organizations**
Accreditation and performance reporting for hospitals and other healthcare organizations.
<http://www.jcaho.org>
- **LEAPFROG Group**
Business leaders are forging a new path in patient safety for their employees and all citizens.
<http://www.leapfroggroup.org>
- **National Committee for Quality Assurance**
Accreditation and performance reporting for health plans and other healthcare organizations.
<http://www.ncqa.org>
- **U.S. Department of Health and Human Services**
This federal agency publishes health information on everything from diseases, drug information and statistics to locating a nursing home.
<http://www.healthfinder.gov>
- **URAC (American Accreditation HealthCare Commission)**
Accreditation and other programs for Preferred Provider Organizations.
<http://www.urac.org>

What is disease management? Disease management programs help you learn to manage continuing health conditions so you can stay active and possibly avoid complications. Members have their own nurse or "case manager" or perhaps your plan may provide a call-in number where you can talk to a health professional. The nurse or "case manager" is specially trained to answer those day to day questions that patients often have such as:

- what might cause the disease or the symptoms,
- what tests you might need, or what the results of tests could mean,
- what some of the medications are and how to take them most effectively,
- when you might need to see your doctor again, and
- how to make simple changes in your daily activities to feel better.

Your nurse or case manager can work directly with you and your doctor to design a plan that is right for you. Disease management programs are based on the best evidence and practices available in the medical literature.

How can it help my family member or me? Some diseases that can be effectively managed include diabetes, asthma, depression, heart and kidney disease. Common examples of benefits of disease management programs include children who miss fewer days of school or actively participate in sports because their asthma is under better control, or elderly patients who do not have to be re-admitted to a hospital for heart failure, or persons with diabetes who are reminded to get an eye exam on time.

Can I get into a disease management program? Contact your health plan or your physician to learn more about these programs. Many of these programs are available to members at no cost!

Health Matters cares what you think.

To express what else you would like to see in this report find a feedback form at:

<http://www.coloradoHEALTHonline.com>

Colorado Business Group on Health protects privacy of all visitors and does not share lists.